



APPLICATION FOR FLORIDA BIRTH RECORD  
Florida Department of Health in Palm Beach County  
Office of Vital Statistics

**North County**  
800 Clematis St  
West Palm Beach, FL 33401  
1st Thursday each month 8:00am - 3:00pm

**Hours of Operation**  
Monday - Friday  
8:00am - 4:30pm  
Telephone: (561) 837-5847

**South County**  
225 South Congress Avenue  
Delray Beach, FL 33445  
1st Thursday each month 8:00am - 12:00pm

Read the FRONT AND BACK of this application: Requirements for ordering: If applicant is self, parent, guardian, or legal representative, then the applicant must complete this application and provide valid photo identification, if a mail request, a copy of the photo identification front and back must be provided. If applicant is not one of the above, the Affidavit to Release a Birth Certificate must be completed by and authorized person and submitted in addition to this application form. Acceptable forms of identification are the following: Driver's License, State Identification Card, Passport, and/or Military Identification Card.

REGISTRANT'S INFORMATION				
REGISTRANT'S FULL NAME AS SHOWN ON THE BIRTH RECORD	FIRST	MIDDLE	LAST	SUFFIX
IF NAME WAS CHANGED SINCE BIRTH, INDICATE NEW NAME	FIRST	MIDDLE	LAST	SUFFIX
DATE OF BIRTH	MONTH DAY YEAR (4 digits)	STATE FILE NUMBER (if known)		GENDER (female / male)
PLACE OF BIRTH	HOSPITAL		CITY OR TOWN	COUNTY
MOTHER'S / PARENT'S NAME	FIRST	MIDDLE	LAST NAME PRIOR TO FIRST MARRIAGE	SUFFIX
FATHER'S / PARENT'S NAME	FIRST	MIDDLE	LAST	SUFFIX
APPLICANT'S INFORMATION (Adult Requesting Certificate, provide Valid Photo ID for Both Walk-in and Mail-in orders)				
Any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes, or on any application or affidavit, or who obtains confidential information from any Vital Record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes.				
APPLICANT'S NAME TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
ADDRESS (include apt. no. if applicable)		CITY	STATE	ZIP CODE
HOME OR WORK PHONE NUMBER: ( ) ( )	RELATIONSHIP TO REGISTRANT		SIGNATURE OF APPLICANT (adult applying for birth certificate)	
IF AN ATTORNEY, PROVIDE BAR / PROFESSIONAL LICENSE NO.:	IF AN ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT			
TYPE OF IDENTIFICATION: _____ ONE CERTIFIED BIRTH CERTIFICATE \$15.00 x _____ = \$ _____				
IDENTIFICATION NUMBER: _____ ADDITIONAL CERTIFICATES WITH THIS ORDER \$10.00 x _____ = \$ _____				
MAKE CHECK OR MONEY ORDER PAYABLE TO: _____ PLASTIC SLEEVE \$3.00 x _____ = \$ _____				
FLORIDA DEPARTMENT OF HEALTH IN PALM BEACH COUNTY				
TOTAL = \$ _____				
METHOD OF PAYMENT, CIRCLE ONE: VISA AMERICAN EXPRESS MASTERCARD DISCOVER CASH				
CHECK NUMBER _____ MONEY ORDER NUMBER _____ AMOUNT TO BE PAID \$ _____				
CREDIT CARD ORDERS BY MAIL ONLY (To Be Completed By Credit Card Holder, Please Provide a Copy of Photo ID)				
FULL NAME ON CARD	FIRST	MIDDLE	LAST	SUFFIX
CREDIT CARDHOLDER'S ADDRESS (including apt. no., if applicable)		CITY OR TOWN	STATE	ZIP CODE
CREDIT CARD NUMBER:		EXPIRATION DATE:	VALIDATION CODE:	
CREDIT CARDHOLDER'S SIGNATURE:				
OFFICIAL USE ONLY - To Be Completed By Florida Department of Health in Palm Beach				
SAFETY PAPER BEGIN #	END#	VOIDED BEGIN #	VOIDED END #	

# INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

**COMPUTER CERTIFICATION:** computer certifications are accepted by all state and federal agencies and used for any type of travel.

A computer certification has two different formats:

1. A certification of a registered birth (2004 to present), supplies the following facts of birth: Child's Name, Date of Birth, Sex, Time, Weight, Place of Birth (City, County and Location) and Parents' Information.
2. A certification of a registered birth (1930 to 2003), supplies the following facts of birth: Child's Name, Date of Birth, Sex, County of Birth and Parents' Name.

**AVAILABILITY:** Birth registration was not required by state law until 1917, but there are some records on file dating back to 1865.

**ELIGIBILITY:** Birth certificates can be issued only to:

1. Registrant (the child named on the record) if of legal age (18)
2. Parent(s) listed on the Birth Record
3. Legal guardian (must provide guardianship papers)
4. Legal representative of one of the above persons
5. Other person(s) by court order (must provide recorded or certified copy of court order)

\* In the case of a deceased registrant, upon receipt of the death certificate of the decedent, a certification of the birth certificate can be issued to the spouse, child, grandchild, sibling, if of legal age, or to the legal representative of any of these persons as well as to the parent.

\* Any person of legal age may be issued a certified copy of a birth record (except for those birth records under seal) for a birth event that occurred over 100 years ago.

**REQUIREMENT FOR ORDERING:** If applicant is self, parent, legal guardian or legal representative, the applicant must provide a completed application along with valid photo identification, if a mail request, a copy of the valid photo identification front and back must be provided. If legal guardian, a copy of the appointment orders must be included with the request. If legal representative, the attorney bar number, and a notation of whom the attorney represents and that person's relationship to the registrant must be included with your request. If you are an agent of local, state or federal agency requesting a record, indicate in the space provided for "relationship" the name of the agency. Acceptable forms of identification are the following: Driver's License, State Identification Card, Passport and/or Military Identification Card.

If not one of the above, you must complete this application and have a notarized Affidavit to Release A Birth Certificate (DH Form 1958, 2/03) submitted with your application for the birth record along with a copy of the *registrant's* valid photo identification as well as the *applicant's* valid photo identification.

**RELATIONSHIP TO REGISTRANT:** A person ordering his or her own certificate should enter "SELF" in this space. Also, explain if name has been changed; married name, name changed legally (when and where), etc. Others must identify themselves clearly as eligible (see ELIGIBILITY above).

**NONREFUNDABLE:** Vital record fees are nonrefundable.

**APPLICANT'S SIGNATURE:** Is required, as well as his/her printed name, residence address and telephone number.

**STATE AGENCIES:**

- Provide request on your department's letterhead or provide DCF Letter of Agreement
- Provide Agency Identification Card

**ORDERS BY MAIL:**

VITAL STATISTICS

P.O. BOX 29

WEST PALM BEACH, FLORIDA 33402

**ORDER ONLINE:**

[https://www.vitalchek.com/vital-records/florida/palm-beach-county-vital-statistics-department?click\\_id=570268736608075778&ppc=0](https://www.vitalchek.com/vital-records/florida/palm-beach-county-vital-statistics-department?click_id=570268736608075778&ppc=0)

**ORDER BY TELEPHONE:**

(800) 364-8380

\*Make Check or Money Order Payable to FLORIDA DEPARTMENT OF HEALTH, PALM BEACH COUNTY in U.S. Dollars.

\*DO NOT SEND CASH

**BIRTH RECORDS UNDER SEAL:** Birth records under seal by reason of adoption, paternity determination or court order cannot be ordered in the usual manner. For a record under seal, write to:

BUREAU OF VITAL STATISTICS  
ATTN: Records Amendment Section  
P.O. BOX 210  
Jacksonville, FL 32231-0042

**VISIT THE BUREAU OF VITAL STATISTICS WEBSITE**

Floridavitalstatisticsonline.com or <http://palmbeach.floridahealth.gov>